COUNTY PLAYBOOK: MEDICAID MANAGED CARE



Instructional Guide

DSS Guardianship Health Plan Guidance

Under NC Medicaid Managed Care, local Department of Social Services (DSS) directors or the directors' designees are responsible for enrolling individuals for whom they have legal quardianship in a health plan that best meets the individual's needs. The guidance provided in this document is intended to help guardians make those decisions.

If the quardian does not choose a health plan for individuals in their quardianship, the individual will be auto-assigned to a health plan. The auto-assignment process will consider the individual's current medical services and providers.

More information regarding DSS duties as a disinterested public agent guardian can be found in the MA-2230 policy

and the DAAS guardianship manual. Develop and review the list of individuals with the Medicaid case manager to identify which beneficiaries have a Mandatory Managed Care status in NC FAST and will need to enroll in a health plan. Mandatory: Must Enroll **Exempt: May Enroll** Excluded: Cannot Enroll Confirm the DSS director or director's designee is listed as the authorized representative on the Person page of the Medicaid Case in NC FAST. This step is necessary to ensure that the enrollment broker can legally discuss the individual with the guardian. Please work with Medicaid staff to ensure authorized representative details are entered according to authorized representative hierarchy policy in MA-2420/3430. NOTE: Some DSS offices have contracts with corporations where the authorized representative is someone other than the DSS director or director's designee. If so, please share this instructional guide with those corporations. Corporations may meet in person with an outreach specialist at the local DSS. Enroll the individual in a health plan in the following ways: 1) meeting in person with the onsite enrollment broker outreach specialist; 2) using the website or mobile app; or 3) calling 1-833-870-5500. Refer to the Options to Enroll section below. The individual under quardianship should participate if possible. Note: If the guardian does not actively enroll the individual, they will be auto-assigned to a health plan. When selecting a health plan, consider the information below and discuss with the individual when possible. Considerations Does the health plan have providers near the individual's residence (not necessarily the DSS quardian Does the health plan include the individual's current medical providers (PCP/AMH) and specialists? Which health plan, if any, has additional benefits that best meet the individual's needs? A list of value-added services and health plan comparisons can be found on namedicaidplans.gov. Is the individual identified as mandatory, but believes that they should continue to receive services related to intellectual or developmental disability (I/DD), mental illness, traumatic brain injury, or substance use disorder? If so, initiate the request process. The form is under Member Resources on namedicaidplans.gov. During open enrollment, changes to the individual's health plan can be made as often as necessary. portant Dates If a health plan and PCP/AMH is not selected by December 13, 2019, individuals will be auto-assigned to one. Health plan coverage for the individual begins on February 1, 2020. Until that day, individuals should receive services the same way they do now. After auto-assignment, the DSS director or director's designee can work with the enrollment broker to change the individual's health plan assignment through April 30, 2020. Starting May 1, 2020, the individual will not be able to change their health plan without cause until recertification or if there is a change in their circumstance. Website: ncmedicaidplans.gov ● Mobile App: NC Medicaid Managed Care ● Call Center: 1-833-870-5500 ●

Options to Enroll Mail: Address: P.O. Box 613, Morrisville, NC 27560 ● Fax: 1-833-898-9655 ● In-Person: Onsite enrollment broker outreach specialists will set aside specific time to meet with the DSS director or director's designee to provide choice counseling for this critical population.

Benefit/Coverage questions should be directed to the health plans.